

**BEFORE THE
DIVISION OF MEDICAL QUALITY
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

In the Matter of the Accusation
Against:

Arthur Paredes, M.D.

Physician's and Surgeon's
Certificate No. A 20122

Respondent

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) File No. 12-2002-139821
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DECISION

The attached **Stipulated Settlement and Disciplinary Order** is hereby adopted as the Decision and Order of the Division of Medical Quality of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on October 21, 2004

IT IS SO ORDERED September 21, 2004

MEDICAL BOARD OF CALIFORNIA

By: 

Ronald L. Moy, M.D.

Chair

Panel B

Division of Medical Quality

1 BILL LOCKYER, Attorney General
of the State of California
2 KERRY WEISEL, State Bar No. 127522
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6 Attorneys for Complainant

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8 **BEFORE THE**
9 **DIVISION OF MEDICAL QUALITY**
10 **MEDICAL BOARD OF CALIFORNIA**
11 **DEPARTMENT OF CONSUMER AFFAIRS**
12 **STATE OF CALIFORNIA**

13 In the Matter of the Accusation Against:

14 ARTHUR PAREDES, M.D.
15 Post Office Box 1493
Lodi, California 95241

16 Physician's and Surgeon's Certificate No. A 20122

Respondent.

Case No. 12 2002 139821
OAH No. N2004040103

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

17 **IT IS HEREBY STIPULATED AND AGREED** by and between the parties to
18 the above-entitled proceedings that the following matters are true:

19 1. Complainant Ron Joseph brought this action solely in his official capacity
20 as the Executive Director of the Medical Board of California ("Medical Board" or "board").

21 David T. Thornton is currently the Interim Executive Director of the Medical Board and, as the
22 Interim Executive Director, has replaced Ron Joseph as Complainant in this matter. David T.
23 Thornton is represented in this matter by Bill Lockyer, Attorney General of the State of
24 California, by Kerry Weisel, Deputy Attorney General.

25 2. Respondent Arthur Paredes, M.D. ("respondent") is represented in this
26 proceeding by attorney Neal C. Lutterman of Riggio, Mordaunt & Kelly.

27 3. On June 27, 1962, the board issued Physician's and Surgeon's Certificate
28 No. A 20122 to respondent Arthur Paredes, M.D. This certificate expires on January 31, 2005.

1 4. An Accusation in case No. 12 2002 139821 was filed on January 5, 2004
2 before the Division of Medical Quality ("division"), Medical Board of California, Department of
3 Consumer Affairs. A copy of the Accusation is attached as Exhibit A and incorporated by
4 reference in this stipulation.

5 5. Respondent has carefully read and understands the nature of the charges
6 and allegations in the Accusation and the effects of this Stipulated Settlement and Disciplinary
7 Order.

8 6. Respondent is fully aware of his legal rights in this matter, including the
9 right to a hearing on the charges and allegations in the Accusation, the right to be represented by
10 counsel, at his own expense, the right to confront and cross-examine the witnesses against him,
11 the right to present evidence and to testify on his own behalf, the right to the issuance of
12 subpoenas to compel the attendance of witnesses and the production of documents, the right to
13 reconsideration and court review of an adverse decision, and all other rights accorded by the
14 California Administrative Procedure Act and other applicable laws.

15 7. For purposes of this stipulation, respondent voluntarily, knowingly, and
16 intelligently waives and gives up each and every right set forth above.

17 8. Respondent understands that the charges and allegations in the Accusation,
18 if proven at a hearing, constitute cause for imposing discipline upon his Physician's and
19 Surgeon's Certificate.

20 9. For purposes of the settlement of the action pending against respondent
21 in case No. 12 2002 139821 and to avoid a costly administrative hearing, respondent admits
22 that there is a factual and legal basis for imposition of discipline against his physician's and
23 surgeon's certificate under Business and Professions Code sections 725 and 2234(c), repeated
24 negligent acts.

25 10. Respondent agrees that his Physician's and Surgeon's Certificate is subject
26 to discipline and he agrees to be bound by the division's imposition of discipline as set forth in
27 the Order below.

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1 11. The admissions made by respondent herein are only for the purposes of
2 this proceeding, or any other proceedings in which the Division of Medical Quality, Medical
3 Board of California or other professional licensing agency is involved, and shall not be
4 admissible in any other criminal or civil proceeding.

5 12. This stipulation shall be subject to the approval of the division.
6 Respondent understands and agrees that Medical Board's staff and counsel for complainant may
7 communicate directly with the division regarding this stipulation and settlement, without notice
8 to or participation by respondent or his counsel. If the division fails to adopt this stipulation as
9 its Order, the Stipulated Settlement and Disciplinary Order, except for this paragraph, shall be of
10 no force or effect. The Stipulated Settlement and Disciplinary Order shall be inadmissible in any
11 legal action between the parties and the division shall not be disqualified from further action by
12 having considered this matter.

13 13. The parties agree that facsimile copies of this Stipulated Settlement and
14 Disciplinary Order, including facsimile signatures on it, shall have the same force and effect as
15 the original Stipulated Settlement and Disciplinary Order and signatures.

16 14. In consideration of the foregoing admissions and stipulations, the parties
17 agree that the division shall, without further notice or formal proceeding, issue and enter the
18 following Disciplinary Order:

19 **DISCIPLINARY ORDER**

20 **IT IS HEREBY ORDERED** that Physician's and Surgeon's Certificate Number
21 A 20122 issued to respondent Arthur Paredes, M.D. is revoked. However, the revocation is
22 stayed and respondent is placed on probation for three (3) years on the following terms and
23 conditions.

24 15. **NOTIFICATION** Prior to engaging in the practice of medicine,
25 respondent shall provide a true copy of the decision and Accusation to the Chief of Staff or the
26 Chief Executive Officer at every hospital where privileges or membership are extended to him, at
27 any other facility where he engages in the practice of medicine including all physician and locum
28 tenens registries or other similar agencies, and to the Chief Executive Officer at every insurance

1 carrier which extends malpractice insurance coverage to him. Respondent shall submit proof of
2 compliance to the division, or its designee, within 15 calendar days.

3 This condition shall apply to any change(s) in hospitals, other facilities, or
4 insurance carrier.

5 16. **PRESCRIBING PRACTICES COURSE** Within 60 calendar days of
6 the effective date of this decision, respondent shall enroll in a course in prescribing practices, for
7 which he shall responsible for paying, approved in advance by the division or its designee.
8 Failure to successfully complete the course during the first 6 months of probation is a violation of
9 probation.

10 A prescribing practices course taken after the acts that gave rise to the charges in
11 the Accusation, but prior to the effective date of the decision may, in the sole discretion of the
12 division or its designee, be accepted towards the fulfillment of this condition if the course would
13 have been approved by the division or its designee had the course been taken after the effective
14 date of this decision.

15 Respondent shall submit a certification of successful completion to the division or
16 its designee not later than 15 calendar days after successfully completing the course, or not later
17 than 15 calendar days after the effective date of the decision, whichever is later.

18 17. **MEDICAL RECORD KEEPING COURSE** Within 60 calendar days of
19 the effective date of this decision, respondent shall enroll in a course in medical record keeping,
20 for which he shall responsible for paying, approved in advance by the division or its designee.
21 Failure to successfully complete the course during the first 6 months of probation is a violation of
22 probation.

23 A medical record keeping course taken after the acts that gave rise to the charges
24 in the Accusation, but prior to the effective date of the decision may, in the sole discretion of the
25 division or its designee, be accepted towards the fulfillment of this condition if the course would
26 have been approved by the division or its designee had the course been taken after the effective
27 date of this decision.

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Respondent shall submit a certification of successful completion to the division or its designee not later than 15 calendar days after successfully completing the course, or not later than 15 calendar days after the effective date of the decision, whichever is later.

18. **ETHICS COURSE** Within 60 calendar days of the effective date of this decision, respondent shall enroll in a course in ethics, for which he shall be responsible for paying, approved in advance by the division or its designee. Failure to successfully complete the course during the first 6 months of probation is a violation of probation.

An ethics course taken after the acts that gave rise to the charges in the Accusation, but prior to the effective date of the decision may, in the sole discretion of the division or its designee, be accepted towards the fulfillment of this condition if the course would have been approved by the division or its designee had the course been taken after the effective date of this decision.

Respondent shall submit a certification of successful completion to the division or its designee not later than 15 calendar days after successfully completing the course, or not later than 15 calendar days after the effective date of the decision, whichever is later.

19. **CONTROLLED SUBSTANCES—MAINTAIN RECORDS AND ACCESS TO RECORDS AND INVENTORIES** Respondent shall maintain a record of all controlled substances ordered, prescribed, dispensed, administered, or possessed by respondent, and any recommendation or approval which enables a patient or patient's primary caregiver to possess or cultivate marijuana for the personal medical purposes of the patient within the meaning of Health and Safety Code section 11362.5, during probation, showing all the following: 1) the name and address of patient; 2) the date; 3) the character and quantity of controlled substances involved; and 4) the indications and diagnosis for which the controlled substances were furnished.

Respondent shall keep these records in a separate file or ledger, in chronological order. All records and any inventories of controlled substances shall be available for immediate inspection and copying on the premises by the division or its designee at all times during business hours and shall be retained for the entire term of probation.

1 Failure to maintain all records, to provide immediate access to the inventory, or to
2 make all records available for immediate inspection and copying on the premises, is a violation
3 of probation.

4 20. **PRACTICE MONITOR** Within 30 calendar days of the effective date of
5 this decision, respondent shall submit to the division or its designee for prior approval as a
6 practice monitor or monitors, the name(s) and qualifications of one or more licensed physicians
7 and surgeons whose license(s) is (are) valid and in good standing and who is (are), preferably,
8 American Board of Medical Specialties (ABMS) certified. The practice monitor(s) shall be in
9 respondent's field of practice and shall have no prior or current personal relationship with
10 respondent or any other relationship with respondent which could reasonably be expected to
11 compromise the ability of the monitor to render fair and unbiased reports to the division.
12 Respondent shall pay all monitoring costs. Respondent is prohibited from entering into any
13 bartering arrangement with the practice monitor (e.g., using the referral of patients to the monitor
14 to offset the expenses incurred in satisfying this term of probation) which would or could
15 compromise the monitor's integrity or objectivity.

16 The division or its designee shall provide the approved practice monitor with
17 copies of the board's decision and Accusation in this matter, with any other information and
18 documents the division or its designee may deem pertinent, and with a proposed monitoring plan.
19 Within 15 calendar days of receipt of the these materials, the monitor shall submit a signed
20 statement that the monitor has read the decision, Accusation, and any other materials provided,
21 fully understands the role of a monitor, and agrees or disagrees with the proposed monitoring
22 plan. If the monitor disagrees with the proposed monitoring plan, the monitor shall submit a
23 revised monitoring plan with the signed statement.

24 Within 60 calendar days of the effective date of this decision, and continuing
25 through the first two years of respondent's probation, respondent's practice shall be monitored by
26 the approved monitor. The practice monitoring requirement will be removed at the end of the
27 second year of probation unless the division or its designee, in consultation with the practice
28 monitor, is dissatisfied with respondent's care or treatment of patients. Respondent shall make

all records available for immediate inspection and copying on the premises by the monitor at all times during business hours and shall retain the records for the entire term of probation.

The monitor shall submit a quarterly written report to the division or its designee which includes an evaluation of respondent's performance, indicating whether respondent's practices are within the standards of practice of medicine and whether respondent is practicing medicine safely.

It shall be the sole responsibility of respondent to ensure that the monitor submits the quarterly written reports to the division or its designee within 10 calendar days after the end of the preceding quarter.

If the monitor resigns or is no longer available, respondent shall, within 5 calendar days of such resignation or unavailability, submit to the division or its designee, for prior approval, the name and qualifications of a replacement monitor who will be assuming that responsibility within 15 calendar days. If respondent fails to obtain approval of a replacement monitor within 60 days of the resignation or unavailability of the monitor, respondent shall be suspended from the practice of medicine until a replacement monitor is approved and prepared to assume immediate monitoring responsibility. Respondent shall cease the practice of medicine within 3 calendar days after being so notified by the division or designee.

Failure to maintain all records, or to make all appropriate records available for immediate inspection and copying on the premises, or to comply with this condition as outlined above is a violation of probation.

21. SUPERVISION OF PHYSICIAN ASSISTANTS During probation, respondent is prohibited from supervising physician assistants.

22. OBEY ALL LAWS Respondent shall obey all federal, state and local laws, and all rules governing the practice of medicine in California and remain in full compliance with any court ordered criminal probation, payments, and other orders.

23. QUARTERLY DECLARATIONS Respondent shall submit quarterly declarations under penalty of perjury on forms provided by the division, stating whether there has been compliance with all the conditions of probation. Respondent shall submit quarterly

1 declarations not later than 10 calendar days after the end of the preceding quarter.

2 **24. PROBATION UNIT COMPLIANCE** Respondent shall comply with
3 all requirements and requests of the division's probation unit. Respondent shall, at all times,
4 keep the division informed of his business and residence addresses. Changes of such addresses
5 shall be immediately communicated in writing to the division or its designee. Under no
6 circumstances shall a post office box serve as an address of record, except as allowed by
7 Business and Professions Code section 2021(b).

8 Respondent shall not engage in the practice of medicine in his place of residence.
9 Respondent shall maintain a current and renewed California physician's and surgeon's license.

10 Respondent shall immediately inform the division or its designee, in writing, of
11 travel to any areas outside the jurisdiction of California which lasts, or is contemplated to last,
12 more than thirty (30) calendar days.

13 **25. INTERVIEW WITH THE DIVISION OR ITS DESIGNEE**
14 Respondent shall be available upon request, with or without prior notice, at various intervals
15 throughout the term of probation for in person interviews with the division or its designee, either
16 at respondent's place of business or at the probation unit office.

17 **26. RESIDING OR PRACTICING OUT-OF-STATE** In the event
18 respondent should leave the State of California to reside or to practice, he shall notify the
19 division or its designee in writing 30 calendar days prior to the dates of departure and return.
20 Non-practice is defined as any period of time exceeding thirty calendar days in which respondent
21 is not engaging in any activities defined in sections 2051 and 2052 of the Business and
22 Professions Code.

23 All time spent in an intensive training program outside the State of California
24 which has been approved by the division or its designee shall be considered as time spent in the
25 practice of medicine within the State. A board-ordered suspension of practice shall not be
26 considered as a period of non-practice. Periods of temporary or permanent residence or practice
27 outside California will not apply to the reduction of the probationary term. Periods of temporary
28 or permanent residence or practice outside California will relieve respondent of the responsibility

1 to comply with the probationary terms and conditions with the exception of this condition and
2 the following terms and conditions of probation: Obey All Laws and Probation Unit Compliance.

3 Respondent's license shall be automatically cancelled if his periods of temporary
4 or permanent residence or practice outside California totals two years. However, respondent's
5 license shall not be cancelled as long as he is residing and practicing medicine in another state of
6 the United States and is on active probation with the medical licensing authority of that state, in
7 which case the two year period shall begin on the date probation is completed or terminated in
8 that state.

9 **27. FAILURE TO PRACTICE MEDICINE—CALIFORNIA RESIDENT**

10 In the event respondent resides in the State of California and for any reason respondent stops
11 practicing medicine in California, he shall notify the division or its designee in writing 30
12 calendar days prior to the dates of non-practice and return to practice. Any period of non-
13 practice within California, as defined in this condition, will not apply to the reduction of the
14 probationary term and does not relieve respondent of the responsibility to comply with the terms
15 and conditions of probation. Non-practice is defined as any period of time exceeding thirty
16 calendar days in which respondent is not engaging in any activities defined in sections 2051 and
17 2052 of the Business and Professions Code.

18 All time spent in an intensive training program which has been approved by the
19 division or its designee shall be considered time spent in the practice of medicine. For purposes
20 of this condition, non-practice due to a board-ordered suspension or in compliance with any other
21 condition of probation, shall not be considered a period of non-practice.

22 Respondent's license shall be automatically cancelled if he resides in California
23 and fails to engage in any of the activities described in sections 2051 and 2052 of the Business
24 and Professions Code for a total of two years.

25 **28. COMPLETION OF PROBATION** Respondent shall comply with all
26 financial obligations (e.g., probation costs) not later than 120 calendar days prior to the
27 completion of probation. Upon successful completion of probation, respondent's certificate shall
28 be fully restored.

1 29. **VIOLATION OF PROBATION** Failure to fully comply with any term
2 or condition of probation is a violation of probation. If respondent violates probation in any
3 respect, the division, after giving respondent notice and the opportunity to be heard, may revoke
4 probation and carry out the disciplinary order that was stayed. If an Accusation or Petition to
5 Revoke Probation or an Interim Suspension Order is filed against respondent during probation,
6 the division shall have continuing jurisdiction until the matter is final, and the period of
7 probation shall be extended until the matter is final.

8 30. **LICENSE SURRENDER** Following the effective date of this decision,
9 if respondent ceases practicing due to retirement or health reasons or is otherwise unable to
10 satisfy the terms and conditions of probation, he may request to voluntarily surrender his
11 certificate to the Board. The division reserves the right to evaluate respondent's request and to
12 exercise its discretion whether or not to grant the request, or to take any other action deemed
13 appropriate and reasonable under the circumstances. Upon formal acceptance of the surrender,
14 respondent shall within 15 calendar days deliver his wallet and wall certificates to the division or
15 its designee and shall no longer practice medicine. Respondent will no longer be subject to the
16 terms and conditions of probation and the surrender of his certificate shall be deemed
17 disciplinary action. If respondent re-applies for a medical license, the application shall be treated
18 as a petition for reinstatement of a revoked certificate.


19 31. **PROBATION MONITORING COSTS** Respondent shall pay the costs
20 associated with probation monitoring, as designated by the division, which may be adjusted on an
21 annual basis, each and every year of probation. Such costs shall be payable to the Medical Board
22 of California and delivered to the division or its designee no later than January 31 of each
23 calendar year. Failure to pay costs within 30 days of the due date is a violation of probation.

24 **ACCEPTANCE**

25 I have carefully read the above Stipulated Settlement and Disciplinary Order and
26 have fully discussed the terms and conditions and other matters contained therein with my
27 attorney Neal C. Lutterman and I understand the effect this stipulation will have on my
28 Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement voluntarily,


1 knowingly and intelligently and agree to be bound by the Disciplinary Order and Decision of the
2 Division of Medical Quality, Medical Board of California. I further agree that a facsimile copy
3 of this Stipulated Settlement and Disciplinary Order, including facsimile copies of signatures,
4 may be used with the same force and effect as the originals.

5 DATED: 8/22/04.

6 
7 ARTHUR PAREDES, M.D.
8 Respondent

9 I have read and fully discussed with respondent Arthur Paredes, M.D. the terms
10 and conditions and other matters contained in the above Stipulated Settlement and Disciplinary
11 Order. I approve its form and content.

12 DATED: 8/25/04

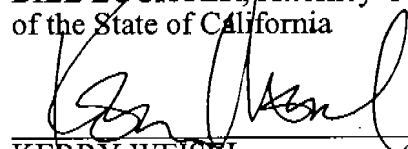
13 
14 NEAL C. LUTTERMAN
15 Riggio, Mordaunt & Kelly
16 Attorneys for Respondent

17 **ENDORSEMENT**

18 The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully
19 submitted for consideration by the Division of Medical Quality, Medical Board of California of
20 the Department of Consumer Affairs.

21
22 DATED: August 30, 2004

23 BILL LOCKYER, Attorney General
24 of the State of California

25 
26 KERRY WEISEL
27 Deputy Attorney General

28 Attorneys for Complainant

EXHIBIT A

1 BILL LOCKYER, Attorney General
of the State of California
2 KERRY WEISEL, State Bar No. 127522
Deputy Attorney General
3 California Department of Justice
1515 Clay Street, Suite 2000
4 Post Office Box 70550
Oakland, California 94612-0550
5 Telephone: (510) 622-2145
Facsimile: (510) 622-2270

6 Attorneys for Complainant
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9 **BEFORE THE**
10 **DIVISION OF MEDICAL QUALITY**
11 **MEDICAL BOARD OF CALIFORNIA**
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

12 In the Matter of the Accusation Against:

Case No. 12 2002 139821

13 ARTHUR PAREDES, M.D.
Post Office Box 1493
14 Lodi, California 95241

ACCUSATION

15 Physician's and Surgeon's Certificate No. A 20122

16 Respondent.
17

18 Complainant alleges:

19 **PARTIES**

20 1. Ronald Joseph ("complainant") brings this accusation solely in his official
21 capacity as the Executive Director of the Medical Board of California.

22 2. On June 27, 1962, the board issued Physician's and Surgeon's Certificate
23 No. A 20122 to Arthur Paredes, M.D. ("Dr. Paredes" or "respondent") and at all times relevant to
24 the charges brought in this accusation, this license has been in full force and effect. Unless
25 renewed, it will expire on January 31, 2005.

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28 //

JURISDICTION

3. This Accusation is brought before the Medical Board of California ("Medical Board" or "board"), under the authority of the following sections of the Business and Professions Code.¹

4. Section 2227 of the Code provides that a licensee who is found guilty under the Medical Practice Act may have his or her license revoked, suspended for a period not to exceed one year, placed on probation and required to pay the costs of probation monitoring, or such other action taken in relation to discipline as the Division of Medical Quality ("division") deems proper.

5. Section 2234 of the code provides in pertinent part that the division "shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:

"(a) Violating . . . any provision of this chapter.

"(b) Gross negligence.

"(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.

"(1) An initial negligent diagnosis followed by an act or omission medically appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.

"(2) When the standard of care requires a change in the diagnosis, act, or omission that constitutes the negligent act described in paragraph (1), including, but not limited to, a reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the applicable standard of care, each departure constitutes a separate and distinct breach of the standard of care.

1. All statutory references are to the Business and Professions Code unless otherwise indicated.

“(d) Incompetence.

“ . . . ”

6. Section 2266 provides that “failure of a physician and surgeon to maintain adequate and accurate records relating to the provision of services to their patients constitutes unprofessional conduct.”

7. Section 725 provides, in part, that repeated acts of clearly excessive prescribing or administering of drugs or treatment as determined by the standard of the community of licensees is unprofessional conduct for a physician and surgeon.

8. Section 125.3 of the Code provides, in part, that the board may request the administrative law judge to direct any licensee found to have committed a violation or violations of the licensing act, to pay the board a sum not to exceed the reasonable costs of the investigation and enforcement of the case.

9. Welfare and Institutions Code section 14124.12 provides, in part, that a physician whose license has been placed on probation by the Medical Board shall not be reimbursed by Medi-Cal for "the type of surgical service or invasive procedure that gave rise to the probation."

DRUGS

10. Hydrocodone bitartrate w/APAP or acetaminophen tablets are produced by several drug manufacturers under trade names such as Vicodin, Norco or Lortab. Hydrocodone bitartrate is semisynthetic narcotic analgesic, a dangerous drug as defined in section 4022, and a Schedule III controlled substance and narcotic as defined by section 11056, subdivision (e) of the Health and Safety Code. Repeated administration of hydrocodone over a course of several weeks may result in psychic and physical dependence and tolerance. Therefore, hydrocodone should be prescribed and administered with caution. Patients using other CNS depressants concomitantly with hydrocodone may exhibit an additive CNS depression. When combined therapy is contemplated, the dose of one or both agents should be reduced. Dosage should be adjusted according to the severity of the pain and the response of the patient. However, it should be kept in mind that tolerance to hydrocodone can develop with continued use and that the incidence of

untoward effects is dose related. Hydrocodone bitartrate with APAP or acetaminophen tablets are supplied in varying strengths ranging from 2.5/500 tablets which contain 2.5 mg hydrocodone bitartrate and 500 mg acetaminophen to 10/660 tablets which contain 10.0 mg hydrocodone bitartrate and 660 mg acetaminophen. The maximum 24 hour dosage of acetaminophen should not exceed 4000 mg. At high levels, acetaminophen can cause liver toxicity and even death. With the ingestion of 10,000 mg to 15,000 mg of acetaminophen, severe liver damage is a significant risk.

11. Lortab. See hydrocodone bitartrate with APAP or acetaminophen. Lortab tablets are supplied in varying strengths: Lortab 2.5/500 tablets contain 2.5 mg hydrocodone bitartrate and 500 mg acetaminophen; Lortab 5/500 tablets contain 5.0 mg hydrocodone bitartrate and 500 mg acetaminophen; Lortab 7.5/500 tablets contain 7.5 mg hydrocodone bitartrate and 500 mg acetaminophen; and Lortab 10/500 tablets contain 10.0 mg hydrocodone bitartrate and 500 mg acetaminophen. The usual adult dosage of Lortab 2.5/500 and 5/500 is one or two tablets every four to six hours as needed for pain. The total 24 hour dose should not exceed 8 tablets. The usual adult dosage of Lortab 7.5/500 and 10/500 is one tablet every four to six hours as needed for pain. The total 24 hour dose should not exceed 6 tablets.

12. Norco. See hydrocodone bitartrate with APAP or acetaminophen. Norco tablets contain 10 mg of hydrocodone bitartrate and 350 mg of acetaminophen. The usual adult dosage is one tablet every four to six hours as needed for pain. The total 24 hour dose should not exceed 6 tablets.

13. Robaxin, a trade name for methocarbamol, is a dangerous drug as defined in section 4022. Robaxin is indicated as an adjunct to rest, physical therapy, and other measures for the relief of discomforts associated with acute, painful musculoskeletal conditions. The mode of action of this drug has not been clearly identified but may be related to its sedative properties; it does not directly relax tense skeletal muscles. Robaxin comes in a 500 mg tablet and, as Robaxin-750, a 750 mg tablet. Because Robaxin may possess a general central nervous system depressant effect, patients receiving Robaxin should be cautioned about combined effects with alcohol and other CNS depressants.

14. Soma is a trade name for carisoprodol tablets; carisoprodol is a muscle-relaxant and sedative. It is a dangerous drug as defined in section 4022. Since the effects of carisoprodol and alcohol or carisoprodol and other central nervous system depressants or psychotropic drugs may be additive, appropriate caution should be exercised with patients who take more than one of these agents simultaneously. Carisoprodol is metabolized in the liver and excreted by the kidneys; to avoid its excess accumulation, caution should be exercised in administration to patients with compromised liver or kidney functions. The usual adult dosage is one 350 mg tablet three times a day and at bedtime.

15. Vicodin. See hydrocodone bitartrate with APAP or acetaminophen. Vicodin tablets contain 5.0 mg of hydrocodone bitartrate and 500 mg of acetaminophen and Vicodin ES tablets contain 7.5 mg of hydrocodone bitartrate and 750 mg of acetaminophen. The total 24 hour dose of Vicodin should not exceed eight tablets; the total 24 hour dose of Vicodin ES should not exceed five tablets.

FACTS

16. At all times relevant to this matter, Dr. Paredes practiced in California.

17. Dr. Paredes was the primary care physician for patient JJ² from April 1999 until his death on July 13, 2002.

18. JJ's death appeared to have resulted from an overdose of alcohol and hydrocodone bitartrate.

19. Dr. Paredes first saw JJ on April 13, 1999 at his office at the Rio Vista Urgent Care Medical Clinic. He did not obtain a complete history and physical, did not obtain a drug and alcohol history, and did not request medical records from other providers. Dr. Paredes did not remedy this omission over the more than three years he treated JJ.

20. The reason for JJ's first visit was low back pain, a chronic condition for JJ. JJ reported that physical therapy three times a week and a hot tub seemed to help. Dr. Paredes

2. The patient is referred to as JJ in this document to protect his family's privacy. Respondent knows his name and may confirm it through discovery.

1 prescribed Robaxin and Vicodin.

2 21. JJ's low back pain continued throughout the period Dr. Paredes treated
3 him. His other primary complaints during that time included pulmonary and gastrointestinal
4 problems.

5 22. For the first few months, Dr. Paredes saw JJ an average of once or twice a
6 month. This increased to three to four times a month through early 2000, returned to once or
7 twice a month for the rest of 2000, and became much more sporadic during 2001 and 2002.

8 23. Throughout the time Dr. Paredes treated JJ, he regularly prescribed
9 carisoprodol and hydrocodone bitartrate with APAP or acetaminophen for his pain.

10 24. Hydrocodone bitartrate is a narcotic analgesic with a relatively short half
11 life. He did not prescribe a long-acting narcotic until January 2002 and then only once at the
12 request of another physician. Longer acting narcotics have greater efficacy in chronic pain
13 patients and have less potential for abuse and diversion.

14 25. Hydrocodone bitartrate and carisoprodol are central nervous system
15 depressants and their effect may be additive so when combined therapy is contemplated, the dose
16 of one or both agents should be reduced. Instead, Dr. Paredes prescribed far above the
17 appropriate, safe, and recommended levels of each medication for JJ.

18 26. Over the course of his treatment of JJ, Dr. Paredes dramatically escalated
19 the amounts of hydrocodone bitartrate with APAP or acetaminophen and carisoprodol he
20 prescribed.

21 27. From June 16, 1999 through December 30, 1999, Dr. Paredes prescribed
22 an average of approximately 7.4 tablets per day of carisoprodol and approximately 8.6 tablets per
23 day of hydrocodone bitartrate with APAP or acetaminophen for JJ. He prescribed or approved
24 refills of carisoprodol every 8.4 days on average and hydrocodone bitartrate with APAP or
25 acetaminophen every 6.7 days on average.

26 28. The hydrocodone bitartrate with APAP or acetaminophen Dr. Paredes
27 prescribed for JJ during the period from June 16 through December 30, 1999 contained an
28 average of approximately 5784 mg of acetaminophen a day. The maximum 24 hour dosage of

1 acetaminophen should not exceed 4000 mg. At high levels, acetaminophen can cause liver
2 toxicity and even death.

3 29. Dr. Paredes told JJ that if he were really hurting he could take his
4 medication every three hours. This means that Dr. Paredes gave him approval for up to 16
5 tablets of hydrocodone bitartrate with APAP or acetaminophen a day.

6 30. By 2002, he was prescribing two and a half times as much carisoprodol
7 and over three and a half times as much hydrocodone bitartrate with APAP or acetaminophen for
8 JJ as he had in 1999. In the months before JJ died, from January 2, 2002 through July 11, 2002,
9 Dr. Paredes prescribed an average of approximately 19 tablets per day of carisoprodol and 32
10 tablets per day of hydrocodone bitartrate with APAP or acetaminophen. He prescribed or
11 approved refills of carisoprodol every 3.2 days on average and hydrocodone bitartrate with APAP
12 or acetaminophen every 3.1 days on average.

13 31. The hydrocodone bitartrate with APAP or acetaminophen Dr. Paredes
14 prescribed for JJ during the period from January 2 through July 11, 2002 contained an average of
15 approximately 10,417 mg of acetaminophen a day. At high levels, acetaminophen can cause
16 liver toxicity and even death. With the ingestion of 10,000 mg to 15,000 mg of acetaminophen,
17 severe liver damage is a significant risk.

18 32. In the two weeks before JJ died, from July 1, 2002 through his death on
19 July 13, 2002, Dr. Paredes was prescribing an average of approximately 23.3 tablets per day of
20 carisoprodol and 41.7 tablets per day of hydrocodone bitartrate with APAP or acetaminophen and
21 approving refills for prescriptions of both carisoprodol and hydrocodone bitartrate with APAP or
22 acetaminophen every 2.4 days on average.

23 33. During this two week period, the hydrocodone bitartrate with APAP or
24 acetaminophen Dr. Paredes prescribed for JJ contained an average of approximately 13,000 mg
25 of acetaminophen a day.

26 34. Dr. Paredes did not keep a complete record of his prescribing of these well
27 recognized drugs of abuse, he did not keep a prescription log or other comprehensive medication
28 record, and he did not keep the requests for refills faxed by pharmacies frequented by JJ or

1 records of those faxes. He did not write refills in the chart or elsewhere.

2 35. JJ filled Dr. Paredes' prescriptions at at least thirteen different pharmacies.
3 The use of multiple pharmacies is often an indicator of non-compliance and substance abuse.

4 36. JJ frequently tried to refill his prescriptions early.

5 37. Dr. Paredes received several faxes from pharmacies noting that they had
6 refused to refill JJ's prescriptions because he had sought refills too early. On December 14,
7 1999, a pharmacy faxed Dr. Paredes a printout which noted that JJ was using multiple
8 pharmacies and doctors and that the pharmacy had refused to refill a prescription for Soma
9 because insufficient time had passed.

10 38. On one occasion JJ asked Dr. Paredes to give him an extra month's
11 prescription for Soma and Norco because he would not be near any pharmacies. At least twice
12 he asked for new prescriptions claiming to have lost his medication.

13 39. On December 1, 2000, Moran's Pharmacy in Clearlake sent Dr. Paredes
14 faxed copies of prescriptions for Norco and Soma and asked him to review them for authenticity.
15 Dr. Paredes identified them as forgeries.

16 40. Dr. Paredes was aware that JJ again attempted to pass forged prescriptions
17 for Norco and Soma at Moran's Pharmacy three weeks later on December 22, 2000.

18 41. Dr. Paredes did not contact any law enforcement agency about these
19 forgeries and continued to prescribe excessive amounts of carisoprodol and hydrocodone
20 bitartrate with APAP or acetaminophen.

21 42. Several pharmacies and JJ's insurance company faxed Dr. Paredes print-
22 outs showing that Dr. Paredes was prescribing excessive amounts of carisoprodol and
23 hydrocodone with APAP or acetaminophen for JJ.

24 43. Not only did Dr. Paredes do nothing to stop JJ's overuse of carisoprodol
25 and hydrocodone with APAP or acetaminophen, he continued escalating his doses of these
26 medications.

27 44. Dr. Paredes left the line for refill authorizations blank on his prescriptions
28 for JJ. While Dr. Paredes claims that he would put a zero after "refill" if he wrote a prescription

1 for which he definitely did not want the recipient to get a refill, he did not do this for JJ.

2 45. In early 2001, Dr. Paredes borrowed at least \$300.00 from JJ. He claims
3 to have paid JJ back \$200.00 of the loan.

4 46. In October 2001 Dr. Paredes had JJ working for him to start a billing
5 service. They attempted to have a third party do the billing but it didn't work out.

6 47. Sometime in December 2001, Dr. Paredes discontinued his telephone
7 answering service and his pager due to his inability to pay.

8 48. Around the same time, his office telephone service was malfunctioning
9 and worked only sporadically. Patients were unable to reach him.

10 49. Dr. Paredes had a contract with the Partnership HealthPlan of California
11 ("PHC") to provide medical care to its plan members. One of the terms of his contract was that
12 he maintain malpractice insurance.

13 50. Dr. Paredes ceased making payments on his malpractice insurance and it
14 lapsed on January 1, 2002. He did not notify PHC of the lapsed insurance and continued seeing
15 patients.

16 51. PHC notified Dr. Paredes on January 22, 2002 that his credentials to care
17 for PHC members had been summarily suspended.

18 52. On February 5, 2002, Dr. Paredes closed the Rio Vista Urgent Care
19 Medical Clinic. He did not inform his patients prior to the closure and did not send out letters to
20 his patients directing them to new providers. Rather, he put a big sign on his door stating that the
21 practice was closed and that patients could get their records by writing to him at his post office
22 box.

23 53. From March to July 2002, Dr. Paredes worked in the Lodi Urgent Care
24 Clinic in Lodi.

25 54. From April or May of 2002 until the time he died, JJ did Dr. Paredes'
26 billing for patients who had been seen in Dr. Paredes' Rio Vista clinic before he closed it.

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1 **FIRST CAUSE FOR DISCIPLINE**

2 (Gross Negligence, Incompetence)

3 55. Respondent's certificate to practice medicine is subject to disciplinary
4 action under Business and Professions Code section 2234 for unprofessional conduct pursuant to
5 subsections (a) (violating provisions of this chapter), (b) (gross negligence), and/or (d)
6 (incompetence) in that he did not do a comprehensive initial History and Physical Examination
7 for JJ and subsequent physical examinations as appropriate.

8 **SECOND CAUSE FOR DISCIPLINE**

9 (Gross Negligence, Incompetence)

10 56. Respondent's certificate to practice medicine is subject to disciplinary
11 action under Business and Professions Code section 2234 for unprofessional conduct pursuant to
12 subsections (a) (violating provisions of this chapter), (b) (gross negligence), and/or (d)
13 (incompetence) in that over the several years he treated JJ for chronic pain, all of the narcotic
14 medications he prescribed were short acting narcotics rather than longer acting ones.

15 **THIRD CAUSE FOR DISCIPLINE**

16 (Gross Negligence, Incompetence, Documentation)

17 57. Respondent's certificate to practice medicine is subject to disciplinary
18 action under Business and Professions Code section 2234 for unprofessional conduct pursuant to
19 sections 2234, subsections (a) (violating provisions of this chapter), (b) (gross negligence),
20 and/or (d) (incompetence), and 2266 [documentation] in that he failed to keep a narcotics log for
21 JJ or any other kind of comprehensive record of the medications he prescribed for him.

22 **FOURTH CAUSE FOR DISCIPLINE**

23 (Gross Negligence, Incompetence, Excessive Prescribing, Documentation)

24 58. Respondent's certificate to practice medicine is subject to disciplinary
25 action under Business and Professions Code section 2234 for unprofessional conduct pursuant to
26 sections 2234, subsections (a) (violating provisions of this chapter), (b) (gross negligence), and
27 (d) (incompetence), 2266 [documentation], and 725 (excessive treatment), in that he prescribed
28 excessive amounts of narcotic and sedative medications for JJ, failed to keep track of the amount

1 of medication he was prescribing, provided prescriptions to JJ with the refill space left blank, and
2 made no reasonable attempt to manage and control JJ's obtaining and ingesting excessive
3 amounts of narcotic and sedative medication.

4 **FIFTH CAUSE FOR DISCIPLINE**

5 (Gross Negligence, Incompetence, Excessive Prescribing)

6 59. Respondent's certificate to practice medicine is subject to disciplinary
7 action under Business and Professions Code section 2234 for unprofessional conduct pursuant to
8 sections 2234, subsections (a) (violating provisions of this chapter), (b) (gross negligence), and
9 (d) (incompetence), and 725 (excessive treatment), in that he prescribed medications for JJ
10 containing acetaminophen in doses toxic to the liver.

11 **SIXTH CAUSE FOR DISCIPLINE**

12 (Gross Negligence, Incompetence, Excessive Prescribing)

13 60. Respondent's certificate to practice medicine is subject to disciplinary
14 action under Business and Professions Code section 2234 for unprofessional conduct pursuant to
15 sections 2234, subsections (a) (violating provisions of this chapter), (b) (gross negligence), and
16 (d) (incompetence), and 725 (excessive treatment), in that he failed to take appropriate actions in
17 the face of clear signs of JJ's prescription drug abuse including his forging of prescriptions.

18 **SEVENTH CAUSE FOR DISCIPLINE**

19 (Gross Negligence, Incompetence, Excessive Prescribing)

20 61. Respondent's certificate to practice medicine is subject to disciplinary
21 action under Business and Professions Code section 2234 for unprofessional conduct pursuant to
22 sections 2234, subsections (a) (violating provisions of this chapter), (b) (gross negligence), and
23 (d) (incompetence), and 725 (excessive treatment), in that he entered into a financial relationship
24 with a patient he knew to be forging prescriptions and to be non-compliant with prescribing
25 instructions.

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1 **EIGHTH CAUSE FOR DISCIPLINE**

2 (Repeated Negligent Acts)


3 62. Respondent's certificate to practice medicine is subject to disciplinary
4 action under Business and Professions Code section 2234 for unprofessional conduct pursuant to
5 section 2234, subsections (a) (violating provisions of this chapter) and (c) (repeated negligent
6 acts), in that he engaged in the conduct alleged in the First through Seventh Causes for Discipline
7 and in that he discontinued his lines of telephone communication with patients by way of
8 telephone answering service and pager in December 2001, he closed his practice on February 5,
9 2002 without giving formal advance notice to his patients, and he did not inform PHC of the
10 lapse of his malpractice insurance until PHC summarily suspended his credentials to care for its
11 members on January 22, 2002.

12 **PRAYER**

13 WHEREFORE, Complainant requests that a hearing be held on the matters herein
14 alleged, and that following the hearing, the Division of Medical Quality of the Medical Board
15 issue a decision:

- 16 1. Revoking or suspending Physician's and Surgeon's Certificate Number
17 A 20122 issued to Arthur Paredes, M.D.;
- 18 2. Ordering Arthur Paredes, M.D. to pay the division the reasonable costs of
19 the investigation and enforcement of this case, and, if placed on probation, the costs of probation
20 monitoring;
- 21 3. Prohibiting respondent from supervising physician's assistants
- 22 4. Taking such other and further action as deemed necessary and proper.

23 DATED: January 5, 2004

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25 
26 **RONALD JOSEPH**
27 Executive Director
28 Medical Board of California
State of California

Complainant